

18 12

CERTIFICATE AMENDED  
PLACE OF BIRTH SEE NOTATION

Item 2 corr. by off. of reg.  
and school record. (5-6-69 lmt)

ARIZONA STATE BOARD OF HEALTH

1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>116</u>	
District of <u>Phoenix</u>		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>732</u>	
Town of <u>Phoenix</u>				Local Registrar No. <u>      </u>	
or		No. <u>      </u>		St. <u>      </u> Ward <u>      </u>	
City of <u>Phoenix</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.	
2. Full name of child <u>Alice Betty Jones</u>		3. Sex of Child <u>Female</u>		7. Date of birth <u>Nov 1-1943</u>	
To be answered ONLY in event of plural births.		4. Twin, triplet or other <u>      </u>		8. Legitimate? <u>Yes</u>	
5. No., in order of birth <u>      </u>		6. <u>      </u>		9. <u>      </u>	
3. FATHER		14. MOTHER			
Full name <u>William Richard Jones Jr.</u>		Full maiden name <u>Alice Williams Kiebo</u>			
9. Residence (Usual place of abode) <u>Phoenix</u>		15. Residence (Usual place of abode) <u>Phoenix</u>			
If nonresident, give place and state		If nonresident, give place and state			
10. Color or race <u>White</u>		16. Color or race <u>White</u>			
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>18</u> (Years)			
12. Birthplace (city or place) <u>New Mexico</u>		18. Birthplace (city or place) <u>Minnesota</u>			
(State or country)		(State or country)			
13. Occupation <u>Mill Man</u>		19. Occupation <u>Housewife</u>			
Nature of industry		Nature of industry			
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>1</u>		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(b) Born alive but now dead <u>0</u>		(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>10 a.m.</u> on the date above stated.					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.					
Signature <u>Charles E. Jones M.D.</u>		(Physician or midwife)			
Address <u>Phoenix, Arizona</u>					
Given name added from supplemental report <u>      </u>		Filed <u>Nov 30</u> 19 <u>43</u>			
Month, day, year.		Filed <u>12/5</u> 19 <u>43</u>			
Registrar.		County Registrar.			

112-1101-182